M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-1

09239

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1204 North Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 1204 North Market Street

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) ELMER (Last) BAKER
4. DATE OF DEATH (Month) 9 (Day) 7 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH 1-31-1867
9. AGE last birthday 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Brakeman-Baltimore
10b. KIND OF BUSINESS OR INDUSTRY & Ohio Railroad
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry Baker
14. MOTHER'S MAIDEN NAME Lydia Ann Steel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS 1204 N. Market St., Clifford M. Baker, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 3 days

331 X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Artero Sclerosis — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 5, 1950, to Sept. 7, 1950, that I last saw the deceased alive on Sept. 7, 1950, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE B. O. Thomas — (Degree or title) M. D. — ADDRESS Frederick, Maryland — DATE SIGNED 9-8-50

23. ~~BURIAL~~, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Entombment — DATE 9-9-50 — NAME OF CEMETERY OR CREMATORY Frederick Memorial Cloister — LOCATION (City, town, or county) Frederick, Maryland (State)

DATE REC'D BY LOCAL REG. 8-Sept 1950 — REGISTRAR'S SIGNATURE Elizabeth G. Heck — 24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland — ADDRESS

41847

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SEP 11 1950
BUREAU V. S

09240

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 19 E. 6th St.

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Thomas (Last) Barnes

4. DATE OF DEATH (Month) Sept. (Day) 6 (Year) 50 19

5. SEX Male
6. COLOR OR RACE Col.
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH June 4, 1925
9. AGE last birthday 25 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Yard
10b. KIND OF BUSINESS OR INDUSTRY *********
11. BIRTHPLACE (State or foreign country) Frederick Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel T. Barnes
14. MOTHER'S MAIDEN NAME Christa Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. Lost
17. INFORMANT AND ADDRESS Christa Fergerson 2II Phebus Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 Da

420.1

Antecedent cause(s)

9.40

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-5, 1950 to 9-6, 1950, that I last saw the deceased alive on 9-6, 1950, and that death occurred at 11:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H F Fisher ADDRESS Frederick Md DATE SIGNED

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial
DATE Sept. 9, 1950
NAME OF CEMETERY OR CREMATORY Fairview
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 7 Sept 1950
REGISTRAR'S SIGNATURE Elizabeth G. Hack
24. FUNERAL DIRECTOR Charles E. Hicks III Fred. Md. ADDRESS

15677

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 11 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09241

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bartholow — LENGTH OF STAY (in this place): 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bartholow
STREET ADDRESS (If rural, give location): RD. Mt. Airy.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) C. (Last) Bear
4. DATE OF DEATH (Month) 9 (Day) 8 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 9-5-1875
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: B & O. R.R.
11. BIRTHPLACE (State or foreign country): Balto. City. Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Christian Bear
14. MOTHER'S MAIDEN NAME: Hannah M. Plaine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 705-12-6045
17. INFORMANT AND ADDRESS: Louisa C. Bear. Mt. Airy. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary thrombosis — 1 day

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1948, to Sept 8, 1950, that I last saw the deceased alive on Sept. 7, 1950, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ernest P. Roop, M.D. New Market, Md. 9/9/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 9-11-1950 — NAME OF CEMETERY ~~OR CREMATORY~~: Locust Grove — LOCATION (City, town, or county) (State): Frederick Co. Md.

DATE REC'D BY LOCAL REG. 9-10-50 — REGISTRAR'S SIGNATURE: Lucian K. Falconer — 24. FUNERAL DIRECTOR: C. M. Waltz — ADDRESS: Winfield. Md.

102 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 19 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09242

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville
LENGTH OF STAY (in this place) 78 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville
STREET ADDRESS (If rural, give location) Frederick Ave

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) — (Last) Bishop

4. DATE OF DEATH (Month) 9 (Day) 13 (Year) 1950

5. SEX Female

6. COLOR OR RACE W

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) Widowed

8. DATE OF BIRTH Feb 2 - 1872

9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Otto C. Wilhide

14. MOTHER'S MAIDEN NAME Margret Eyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Harry G. Bishop

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute myocardial failure	4 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio-Vascular	10 years
	(c) Disease.	

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to 13 Sep, 1950, that I last saw the deceased alive on 13 Sep, 1950, and that death occurred at 2:15 A.m., from the causes and on the date stated above.

SIGNATURE E. Miller J. (Degree or title) M.D. ADDRESS Walkersville Md. DATE SIGNED 14 Sep 50

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify) Burial

DATE THEREOF 9/16/1950

NAME OF CEMETERY OR CREMATORY Mt Hope

LOCATION (City, town, or county) Woodsboro (State) Md

DATE REC'D BY LOCAL REG. 15 Sept 1950

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR G. C. Barton ADDRESS Walkersville Md.

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SEP 18 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09243

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lagore; MARYLAND; LENGTH OF STAY (in this place) 30 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaGore; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Catharine (Last) Cannon

4. DATE OF DEATH: (Month) Sept. (Day) 28 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 26, 1888

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: W = H. Harris

14. MOTHER'S MAIDEN NAME: Lucy E. Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Oscar Ambrose LaGore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of bowels — Interval between onset and death: 2 yrs.

153 X Antecedent cause(s)

46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. ..., 19 49 to Sept. 28, 1950, that I last saw the deceased alive on Sept. 26, 1950, and that death occurred at 11-30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ira H. Beall, M.D. ADDRESS Libertytown, Md. DATE SIGNED 9/28/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept. 30, 1950 — NAME OF CEMETERY OR CREMATORY: Brook Hill — LOCATION (City, town, or county) (State): Yellow Springs, Md.

DATE REC'D BY LOCAL REG.: Sept. 30, 1950 — REGISTRAR'S SIGNATURE: L. O. Power

24. FUNERAL DIRECTOR: Burrell & Hartzler — ADDRESS: Woodsboro, Md.

VS. A15

RECEIVED
OCT 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09244

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS Art 5

1. PLACE OF DEATH: COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick | LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give locatioo): 98 Lincolm Apts.

3. NAME OF DECEASED (Type or Priot): (First) Robert (Middle) Monroe (Last) Carroll

4. DATE OF DEATH (Mooth) (Day) (Year): Sept. 28, 50 19

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ***

8. DATE OF BIRTH: Aug. 25 1950

9. AGE last birthday: 1 Month yrs. | If under 1 year: Months | Days: 4 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kiod of work done during most of working life, even if retired): ***

10b. KIND OF BUSINESS OR INDUSTRY: ***

11. BIRTHPLACE (State or foreign country): Frederick

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Carroll

14. MOTHER'S MAIDEN NAME: Georgie Mae Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo, or uoknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: ***

17. INFORMANT AND ADDRESS: Robert Carroll

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diarrhea, infant — Interval Between Onset and Death: 5 days

571.0 Antecedent cause(s)

119a Diseases or conditions, if any, giving rise to the above cause statiog the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions cootributing to the death but oot related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Mooth) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Sept., 1950., to 28 Sept., 1950., that I last saw the deceased alive on 28 Sept., 1950., and that death occurred at 11:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James B. Thomas, M.D. — ADDRESS: Frederick, Md. — DATE SIGNED: 9/30/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Sept. 30-50 | NAME OF CEMETERY OR CREMATORY: Fairview | LOCATION (City, town, or county) (State): Frederick Md.

DATE REC'D BY LOCAL REGR: 30-Sept 1950 | REGISTRAR'S SIGNATURE: Elizabeth S. Heels

24. FUNERAL DIRECTOR: Chas. E. Hicks III — ADDRESS: Fred. Md.

2-0-8-25-0-20-2-36-5

RECEIVED
OCT 21 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH 09245

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural RD#5
LENGTH OF STAY (In this place) 3 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural RD#1
STREET ADDRESS (If rural, give location) Mount Pleasant

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) WILLIAM (Last) CASTLE
4. DATE OF DEATH: (Month) 9 (Day) 25 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Unknown
9. AGE last birthday: 76 ? yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farm Laborer -Not Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Kenneth Castle
14. MOTHER'S MAIDEN NAME: Elizabeth Young
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Amanda Wiles, 205 E. 3rd St., Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — Days

450.0 Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/23, 1950, to 9/25, 1950, that I last saw the deceased alive on 9/24, 1950, and that death occurred at 4:15 P m., from the causes and on the date stated above.

SIGNATURE James R. Thomas, (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 9-26-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 9-28-50
NAME OF CEMETERY OR CREMATORY Utica Cemetery
LOCATION (City, town, or county) (State) Near Lewistown, Maryland

DATE REC'D BY LOCAL REG. 26 Sept 1950
REGISTRAR'S SIGNATURE Elizabeth S. Heck.
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A13

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RECEIVED
SEP 28 1950
BUREAU V. S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09246

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Frederick
LENGTH OF STAY ~~(in this place)~~ 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewistown
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Lee (Last) Compton
4. DATE OF DEATH (Month) 9/1 (Day) (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify)
8. DATE OF BIRTH Sept 10-29-1867 ~~1/1/50~~
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Train Service
10b. KIND OF BUSINESS OR INDUSTRY Retired Rail Cooler
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Peter Van Buren Compton
14. MOTHER'S MAIDEN NAME Permelia Catlett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. —
17. INFORMANT Miss Sister Pauline Compton Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 months

332X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83 b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1950, to Sept 1, 1950, that I last saw the deceased alive on 9/1/50, 1950, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bernard O. Thomas Jr. M.D. ADDRESS Frederick, Md DATE SIGNED Sept. 1, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-4-1950
NAME OF CEMETERY OR CREMATORY Reformed
LOCATION (City, town, or county) Buxville (State) Md

DATE REC'D BY LOCAL REG. 1 Sept 1950
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR C. H. Fite & Bro ADDRESS Brunswick Md

496 47

RECEIVED
SEP 2 1930
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09247

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; LENGTH OF STAY (In this place) 50 Years; MARYLAND

HOSPITAL OR INSTITUTION OR STREET ADDRESS 136 West Patrick Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; STREET ADDRESS (If rural, give location) 136 West Patrick Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	HARRY	ROSS	CREBS, SR.		9	2	1950

5. SEX	6. COLOR OR RACE	7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	11-18-1877	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Upholster	Self-Employed	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank L. Crebs	Catherine L. Windrode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Frank L. Crebs, ~~136 W. Patrick St.,~~ Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia (Terminal)	4 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma - Prostate & Urin. Bladder	15 mos
	(c)	

177 X 51b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from June 23, 1950, to Sept. 2, 1950, that I last saw the deceased alive on Sept. 1, 1950, and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. M. Baxter	M. D.	Frederick, Maryland	9-3-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-5-50	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5 Sept 1950	Elizabeth G. Heck	M. R. Etchison & Son, Frederick, Maryland

36485

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09248

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Rural, Walkersville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Rural, Mt. Walkersville
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) MAURICE (Middle) EDWIN (Last) CRUM Jr
4. DATE OF DEATH (Month) Sept. (Day) 29 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify) Single
8. DATE OF BIRTH June 11, 1931
9. AGE last birthday 19 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Road Construction
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Maurice Edwin Crum
14. MOTHER'S MAIDEN NAME Mary Thelma Carmack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-30-2849
17. INFORMANT Maurice E. Crum, Sr.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of skull, comminuted fractures of cervical & dorsal vertebrae. Fracture left leg — Immediate

823.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — Immediate

170c (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 76 (CITY OR TOWN) Near Walkersville (COUNTY) Frederick (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 9.29.50 9.5 p m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? car driven by deceased ran off road & struck tree.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. W. Baer (Degree or title) DR. R. W. BAER DEPUTY MEDICAL EXAMINER
ADDRESS Frederick, Md.
DATE SIGNED 9.30.50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF Oct. 2, 1950
NAME OF CEMETERY OR CREMATORY Chapel Cemetery
LOCATION (City, town, or county) Mt. Libertytown (State) Md.

DATE REC'D BY LOCAL REG. 2 Oct 1950
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR T. C. Barton, Walkersville
ADDRESS Md.

988 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT. 4 1960
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09249

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Thurmont; MARYLAND LENGTH OF STAY (In this place) 30 da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida; COUNTY ESCOMBIA; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pensicola; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Eddie	Lee	Davis	Sept 3. 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Negro	Unknown	Sept. 29. 1924	25 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Farm Laborer	Orange grove	Florida	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Davidson	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	no	no	Jeff Davis I4 A ~~Alcoa~~ ALCANEZ St. Pensicola. Fla

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Multiple gunshot wounds of head neck and Chest	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

981.0
168

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home	(CITY OR TOWN) Thurmont	(COUNTY) Frederick	(STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
SEPT. 3 1950 4 p.m.		Gunshot wound while attempting entry

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles H Conley Jr M.D. and Dep. Med. Exam.		Frederick, Md	9/3/50

23. BURIAL, CREMATION (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Sept.6.50	Pensicola Fla	Pensicola Fla.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 4 1950	Blanche S. Eyler	M.L.Creager & Son .	Thurmont.

8660

RECEIVED
SEP 5 1980
BUREAU

09250

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Doubs
LENGTH OF STAY (in this place) 50 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Doubs
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) SAMUEL (Middle) HOWARD (Last) DAVIS
4. DATE OF DEATH (Month) 9 (Day) 3 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 9-6-1870
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Watchman - B & O
10b. KIND OF BUSINESS OR INDUSTRY Railroad Col
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Davis
14. MOTHER'S MAIDEN NAME Clara Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Abram Earhart, Doubs, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 days

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1950, to Sept. 3, 1950, that I last saw the deceased alive on Sept. 3, 1950 and that death occurred at 6:50 P m., from the causes and on the date stated above.

SIGNATURE Bernard O. Hennig (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 9-5-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9-6-50
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 5 Sept 1950
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

6447

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

RECEIVED
SEP 6 1950
BUREAU W. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09251

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 507 North Market Street

3. NAME OF DECEASED (Type or Print) (First) CLARA (Middle) MAE (Last) ESTERLY
4. DATE OF DEATH (Month) 9 (Day) 1 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) Widow
8. DATE OF BIRTH 5-14-1873
9. AGE last birthday 77 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George F. Kettler
14. MOTHER'S MAIDEN NAME Annie M. Sibert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Lillian M. Cahill, ~~507 N. Market St.,~~ Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma sigmoid — INTERVAL BETWEEN ONSET AND DEATH: 6 months

153X Antecedent cause(s)

46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to Sept. 1, 1950 that I last saw the deceased alive on Sept. 1, 1950, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE Bernard O. Humas Jr. (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 9-2-50

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify) Burial
DATE 9-3-50
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 2 Sept 1950
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

RECEIVED
SEP 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09252

CERTIFICATE OF DEATH

Reg. Dist. No. 145

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; STATE Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Myersville; LENGTH OF STAY (in this place) 15 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Frederick; STATE Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Myersville; STREET ADDRESS (If rural, give location) W. Wolfsville

3. NAME OF DECEASED (Type or Print): (First) MARTHA (Middle) J. (Last) FROSHOUR

4. DATE OF DEATH: (Month) Sept (Day) 16 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar 4, 1869

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Fred. Co. Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Green

14. MOTHER'S MAIDEN NAME: Margaret Bovey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs J. F. Bussard- Myersville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 5 hrs-

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ---

331X 83a (c) Hypertension.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): ---

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept 16, 1950, to Sept 16, 1950, that I last saw the deceased alive on Sept 16, 1950, and that death occurred at 5:10 A m., from the causes and on the date stated above.

SIGNATURE E. Harp (Degree or title) MD ADDRESS Middletown DATE SIGNED 9-16-50

23. BURIAL, CREMATION, REMOVAL (Specify): Buried

DATE THEREOF: Sept 18, 1950

NAME OF CEMETERY OR CREMATORY: St. Mark's Luth.

LOCATION (City, town, or county) (State): Wolfsville Frederick Md

DATE REC'D BY LOCAL REG. 9/17/50

REGISTRAR'S SIGNATURE Edgar Bittle

24. FUNERAL DIRECTOR: Paul J. Bittle ADDRESS Myersville, Md.

RECEIVED
SEP 19 1960
BUREAU T. &

09253

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 30 Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 DeGrange Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Baltimore (18)
STREET ADDRESS (If rural give location) 3333 North Charles Street

3. NAME OF DECEASED (Type or Print) (First) MARTIN (Middle) (Last) GARRETT
4. DATE OF DEATH (Month) 9 (Day) 1 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married
8. DATE OF BIRTH 5-12-1878
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor - Maryland Casualty Company
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Francis Garrett
14. MOTHER'S MAIDEN NAME Annie Black
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 215-07-2998
17. INFORMANT Mrs. Martin W. Garrett, ~~3333 N. Charles St.,~~

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — Immediate

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF ~~INJURY~~ Death Office Md. Transportation Co. (CITY OR TOWN) Frederick (COUNTY) Frederick (STATE) Md.
TIME OF ~~INJURY~~ Death (Month) 9 (Day) 1.50 (Year) 1020 (Hour) A m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. W. Bare. Deputy Med Ex. Frederick, Md 9.1.50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 9-1-50
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. 1-Sept 1950
REGISTRAR'S SIGNATURE Elizabeth G. Hack.
24. FUNERAL DIRECTOR ADDRESS John A. Moran, Baltimore, Maryland

21080

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 2 1950
BUREAU V. S

Evidence for addition in 18 shown on:

FILM No. G 1 28 SEP 18 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09254

CERTIFICATE OF DEATH

Reg. Dist. No. 145

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Gary (Middle) Wilson (Last) Gladhill

4. DATE OF DEATH: (Month) 9 (Day) 5 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 4-3-1949

9. AGE last birthday: 1 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hilbert H. Gladhill

14. MOTHER'S MAIDEN NAME: Mary V. Hartsock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: Hilbert H. Gladhill, Myersville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Septicaemia — Interval between onset and death: 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Underlying cause not proven, but possible throat (9/18/50 akc)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 29, 1950, to Sept 5, 1950, that I last saw the deceased alive on Sept 4, 1950, and that death occurred at 4.20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J E Harp MD ADDRESS Middletown DATE SIGNED 9-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 9-7-1950; NAME OF CEMETERY OR CREMATORY Ch. of Brethren Cem.; LOCATION (City, town, or county) (State) Harmony Md.

DATE REC'D BY LOCAL REG. Sept 7, 50; REGISTRAR'S SIGNATURE Edgar Stitt; 24. FUNERAL DIRECTOR ADDRESS Gladhill C., Middletown, Md.

RECEIVED
SEP 11 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

09255

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty; ~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mason (Middle) Wilbur (Last) Gray III

4. DATE OF DEATH: (Month) 9 (Day) 30 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Oct. 6-1916

9. AGE last birthday: 33 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Radio Technician

10b. KIND OF BUSINESS OR INDUSTRY: Monty. Co. Police Force

11. BIRTHPLACE (State or foreign country): Laredo Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mason Wilbur Gray III

14. MOTHER'S MAIDEN NAME: Beryl Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): World War I U.S. Coast Guard

16. SOCIAL SECURITY NO.: 213-18-1104

17. INFORMANT AND ADDRESS: Florence W. Gray Poolesville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
080.0 Immediate cause	(a) Acute anterior poliomyelitis, bulbar type with encephalitis	3 days
Antecedent cause(s)		
36 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Sept, 1950, to 30 Sept 1950, that I last saw the deceased alive on 30 Sept, 1950, and that death occurred at 4:55 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gordon M. Smith,	M.D	Barnesville, Md	30 Sept 50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/2/50	Monocacy	Beallsville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
30 Sept 1950	Elizabeth G. Hicks.	Wm. B. Hilton	Barnesville Md.

V 7098

VS-A15

RECEIVED
OCT 4 1950
BUREAU V. S

09256

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick Rural
LENGTH OF STAY (in this place) 3 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevue Hospital Frederick

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick City
STREET ADDRESS (If rural give location) Frederick Md

3. NAME OF DECEASED (Type or Print) (First) LUCINDA (Middle) BELL (Last) GUE
4. DATE OF DEATH (Month) Sept (Day) 23 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH April 10-1872
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hom
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Peter Cutsail
14. MOTHER'S MAIDEN NAME Ellen Nickson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT James H. Gue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary occlusion	hours
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Pt. fading but well & found dead in sleep, 19....., to 23 Sept., 1950, that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE James B. Thomas (Degree or title) M.D. ADDRESS Frederick, Md. DATE SIGNED 9/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 26, 1950
NAME OF CEMETERY OR CREMATORY Bethesda
LOCATION (City, town, or county) Browningsville (State) Md

DATE REC'D BY LOCAL REG. 28 Sept 1950
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Roy W. Barber Lytonsville ADDRESS

52086 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 26 1960
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09257

CERTIFICATE OF DEATH

Reg. Dist. No. 138

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ijamsville-Rural RD#1
LENGTH OF STAY (In this place) 38 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Ijamsville

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ijamsville-Rural RD#1
STREET ADDRESS (If rural, give location) Near Ijamsville

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	JAMES	WILLIAM	HYATT		9	8	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Male	White	Married	11-3-1877	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William E. Hyatt	Emma C. Boyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. Nannie Hyatt, R. F. D. #1, Ijamsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
155x Immediate cause	(a) Carcinoma of Liver	3 mo.
Antecedent cause(s)		
46f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) with metastasis of lungs	1 mo
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Aug. 4, 1950, to Sept 8, 1950, that I last saw the deceased alive on Sept 8, 1950, and that death occurred at 8:20 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ernest P. Rapp	M. D.	New Market, Maryland	9-9-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-11-50	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-10-50	Lucian K. Falconer	M. R. Etchison & Son, Frederick,	Maryland

RECEIVED
SEP 19 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09258

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Frederick — STATE: MARYLAND
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town): rural Frederick R.D.5
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Adamstown, Md. R.F.D
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) Oliver (Last) Jones

4. DATE OF DEATH: (Month) 9 (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): single

8. DATE OF BIRTH: 12 - 4 - 79

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ~~XXXXX~~ Lewis O. Jones

14. MOTHER'S MAIDEN NAME: Joanna Manley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Carrie Jones, Adamstown, Md. R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Stomach — 1 year

151X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46b

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 25, 1950, to Sept. 12, 1950, that I last saw the deceased alive on Sept. 12, 1950, and that death occurred at 10:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Bernard O. Thomas Jr. M.D. | Frederick, Md. | Sept. 12, 1950

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) ~~XXXXXXXX~~ | DATE THEREOF 9/15/50 | NAME OF CEMETERY OR CREMATORY: Hope Hill | LOCATION (City, town, or county) (State): Hope Hill, Md.

DATE REC'D BY LOCAL REG. 14 Sept 1950 | REGISTRAR'S SIGNATURE: Elizabeth G. Heck

24. FUNERAL DIRECTOR | ADDRESS: M.R. Etchison & Son, Frederick, Md.

8666

RECEIVED
SEP 15 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09259

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Dale
MARYLAND
LENGTH OF STAY (in this place): 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Dale
STREET ADDRESS: None (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Elmer (Last) Kauffman

4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 195

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 10-16-1884

9. AGE last birthday: 65 yrs. If under 1 year: Months 11, Days 6. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Jacob Kauffman

14. MOTHER'S MAIDEN NAME: Elizabeth Steiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Glenn W. Kauffman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 1 day

331 X
53a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Hypertensive Disease — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 21, 1950, to Sept 22, 1950, that I last saw the deceased alive on Sept. 21, 1950, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE: James K. Gray (Degree or title) M.D. ADDRESS: Thurmont Md. DATE SIGNED: Sept. 23-1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept-25.1950
NAME OF CEMETERY OR CREMATORY: Mt. Prospect
LOCATION (City, town, or county): Lewistown (State): Md.

DATE REC'D BY LOCAL REG.: Sept. 25 1950
REGISTRAR'S SIGNATURE: Blanche S. Eyler

24. FUNERAL DIRECTOR: M. L. Creager & Son ADDRESS: Thurmont, Md.

420 VV

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 28 1950
BUREAU V. S

09260

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont; STREET ADDRESS (If rural, give location) West Main

3. NAME OF DECEASED (Type or Print): (First) Lottie (Middle) Nevada (Last) Mackley

4. DATE OF DEATH: (Month) Sept. (Day) 4 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 14, 1873

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Simon A Heller

14. MOTHER'S MAIDEN NAME: Anna B. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Charles Mackley Thurmont, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocarditis	?
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932	(b) Hypertension	?
	(c) Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1950, to Sept. 4, 1950, that I last saw the deceased alive on Sept. 2, 1950, and that death occurred at 6:05 P. m., from the causes and on the date stated above.

SIGNATURE: M. Franklin Duck (Degree or title) ADDRESS Thurmont Md. DATE SIGNED Sept. 7, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Sept. 7, 1950

NAME OF CEMETERY OR CREMATORY: Blue Ridge Cemetery

LOCATION (City, town, or county) (State): Thurmont Md.

DATE REC'D BY LOCAL REG. Sept. 7 1950

REGISTRAR'S SIGNATURE: Blanche S. Eyler

24. FUNERAL DIRECTOR: M. L. Creeger & Son. ADDRESS: Thurmont Md

RECEIVED
SEP 18 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09261

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Middletown
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Myersville
STREET ADDRESS (If rural, give location) Mt. Wolfsville

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) Evers (Last) MOSER
4. DATE OF DEATH (Month) Sept (Day) 30 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 4-5-1867
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Domestic
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Fred. Co. - Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME John Stottlemyer
14. MOTHER'S MAIDEN NAME Susan Bussard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS H. W. Moser - Smithsburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebral Haemorrhage	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Chronic Myocarditis	6 mon
(c)		

422.2
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1950, to Sept. 30, 1950, that I last saw the deceased alive on Sept 29, 1950, and that death occurred at 9.50 A m., from the causes and on the date stated above.

SIGNATURE R W Alban (Degree or title) Md. ADDRESS Boonsboro DATE SIGNED 9/30/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-3-1950
NAME OF CEMETERY OR CREMATORY St Marks Lutheran
LOCATION (City, town, or county) Wolfsville Fred Co. (State) Md

DATE REC'D BY LOCAL REG. Sept 30-50
REGISTRAR'S SIGNATURE Marie Gladhill
24. FUNERAL DIRECTOR Paul F. Bittle ADDRESS Myersville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 17 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09262

CERTIFICATE OF DEATH

Reg. Dist. No. 141

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brunswick
LENGTH OF STAY (in this place): 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brunswick
STREET ADDRESS (If rural, give location): 216 Maple Ave.

3. NAME OF DECEASED (Type or Print): (First) Joshua (Middle) H. (Last) Norris

4. DATE OF DEATH: (Month) 9 (Day) 1 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 4-23-1888

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): trainman

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R.R.

11. BIRTHPLACE (State or foreign country): Middletown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Filghman Norris

14. MOTHER'S MAIDEN NAME: Mary Mentzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Lucy Norris, Brunswick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X — Immediate cause (a) Coronary Insufficiency — Interval Between Onset and Death:

9-4a — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cerebral Hemorrhage — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1950, to ....., 19....., that I last saw the deceased alive on Sept 1, 1950, and that death occurred at 2:55 P m., from the causes and on the date stated above.

SIGNATURE: William Morrison (Degree or title): M.D. ADDRESS: Brunswick Maryland DATE SIGNED: Sept 2 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 9-4-1950

NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery

LOCATION (City, town, or county) (State): Middletown, Md.

DATE REC'D BY LOCAL REG.: 9-2-50

REGISTRAR'S SIGNATURE: Eugenia H. Burke

24. FUNERAL DIRECTOR ADDRESS: Gladhill Co, Middletown, Md.

49647

RECEIVED
SEP 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09263

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; LENGTH OF STAY (In this place) MARYLAND Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 909 North Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; STREET ADDRESS (If rural give location) 909 North Market Street

3. NAME OF DECEASED (Type or Print): (First) EPHRIAM (Middle) THOMAS (Last) NUSBAUM

4. DATE OF DEATH: (Month) 9 (Day) 26 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify): Single

8. DATE OF BIRTH: 12-19-1873

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Nusbaum

14. MOTHER'S MAIDEN NAME: Hettie Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Miss Martha V. Nusbaum (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
840.5 Immediate cause	(a) Hypostatic Pneumonia	1 wk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of Lt. Femur	
171 X	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Balto. Md, (COUNTY) Balto. (STATE) Md.

TIME OF INJURY (Month) June (Day) 22 (Year) 50 (Hour) ? m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? E-80-5 Was Hit by Transit street car Balto. (non-traffic

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. W. Barr (Degree or title) ADDRESS: Deputy Medical Examiner, Frederick, Maryland DATE SIGNED: 9-28-50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial; DATE THEREOF: 9-29-50; NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery; LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 28 Sept 1950; REGISTRAR'S SIGNATURE: Elizabeth G. Hack.

24. FUNERAL DIRECTOR: M. R. Etchison & Son, ADDRESS: Frederick, Maryland

X V X 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09264

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium — LENGTH OF STAY (in this place) 18 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1625 Shakespeare St.

3. NAME OF DECEASED (Type or Print): (First) Jolly (Middle) (Last) Rabun

4. DATE OF DEATH: (Month) Sept. (Day) 23 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/4/1912

9. AGE last birthday: 38 yrs. If under 1 year: Months 5, Days 19, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Hagesville, N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Eugene Rabun

14. MOTHER'S MAIDEN NAME: Dolly Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-01-4454

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002x **Immediate cause** (a) Pulmonary Tuberculosis — 22 Mos.

13b **Antecedent cause(s)**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/28, 1949, to 9/23, 1950, that I last saw the deceased alive on 9/23, 1950, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

SIGNATURE J. B. Ryan, M.D. (Degree or title) ADDRESS State Sanatorium, Md. DATE SIGNED 9/25/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE Sept. 27, 1950 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) Baltimore — (State) Md.

DATE REC'D BY LOCAL REG. 9/25/50 — REGISTRAR'S SIGNATURE J B Ryan

24. FUNERAL DIRECTOR — ADDRESS Wm Cook Inc. St Paul & Preston, Baltimore, Md.

30809

RECEIVED
SEP 26 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09265

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): 50 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 215 West Fifth Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): 215 West Fifth Street

3. NAME OF DECEASED (Type or Print): (First) JONATHAN (Middle) (Last) RICKERD

4. DATE OF DEATH: (Month) 9 (Day) 6 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: 10-30-1868

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Truck Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Rickerd

14. MOTHER'S MAIDEN NAME: Rebecca Jane (last name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Nellie Rickerd 215 W. 5th St., Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis with marked degeneration — 5 years

442X Antecedent cause(s)

1310 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease — several years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1945, to Sept. 6, 1950, that I last saw the deceased alive on Aug. 20, 1950, and that death occurred at 1:10 A m., from the causes and on the date stated above.

SIGNATURE: O H Cooley — (Degree or title): M. D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 9-7-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 9-9-50 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 7 Sept 1950 — REGISTRAR'S SIGNATURE: Elizabeth S. Heck

24. FUNERAL DIRECTOR: M. R. Etchison & Son — ADDRESS: Frederick, Maryland

VS. A15

OOOVV

RECEIVED
SEP 11 1950
BUREAU V. S

09266

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 7
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Detour
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Maggie (Middle) R. (Last) Schildt
4. DATE OF DEATH (Month) Sept (Day) 11 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify) Widowed
8. DATE OF BIRTH Oct 31, 1880
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland-Fred. Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hiram N. Few
14. MOTHER'S MAIDEN NAME Amanda E. Few

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Ralph E. Schildt, Detour Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock	7
157X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46g	(b) Carcinoma of Pancreas	1
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept 11
19b. MAJOR FINDINGS OF OPERATION Carcinoma Pancreas
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1950, to Sept, 1911, that I last saw the deceased alive on Sept 11, 1950, and that death occurred at 24 m., from the causes and on the date stated above.

SIGNATURE E P Thomas (Degree or title) ADDRESS Frederick Md DATE SIGNED

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF Sept 13, 1950
NAME OF CEMETERY OR CREMATORY Haughs
LOCATION (City, town, or county) Ladiesburg, Md (State)

DATE REC'D BY LOCAL REG. 11-Sept 1950
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR M. L. Creager & Son ADDRESS Thurmont, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 13 1950
BUREAU V. S

09267

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

M

C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 30 Lincoln Apts.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 30 Lincoln Apts.

3. NAME OF DECEASED (Type or Print) (First): Merhl (Middle): Adrain (Last): STREAMS ~~White Jr.~~

4. DATE OF DEATH (Month) (Day) (Year): Sept 15, 1950 19

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Aug 31, 1950
9. AGE last birthday: 2 Wks ~~yr.~~ — If under 1 year: Months / Days: 1 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Frederick
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Merhl Adrain White
14. MOTHER'S MAIDEN NAME: Shirley Streams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Shirley Streams 30 Lincoln Apts.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
766.0	Immediate cause	(a) Acute Glomerulonephritis	3 day
	Antecedent cause(s)		
130	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Impetigo Contagiosa	12 days
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2, 1949, to 9-15, 1950, that I last saw the deceased alive on 9-14, 1950, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr. U. T. Bourne Jr.
ADDRESS: Frederick Md
DATE SIGNED: 9-16-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Sept. 16, 1950
NAME OF CEMETERY OR CREMATORY: Fairview
LOCATION (City, town, or county) (State): Frederick Maryland

DATE REC'D BY LOCAL REG.: 16 Sept 1950
REGISTRAR'S SIGNATURE: Elizabeth G. Heck.
24. FUNERAL DIRECTOR: Charles E. Hicks III
ADDRESS: Frederick Md.

2-0-8-31-0-15-1-36-5

RECEIVED
SEP 18 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09268

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick — LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lewistown Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) E. (Last) Stull

4. DATE OF DEATH: (Month) 9 (Day) 18 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 16-1898

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Operated his own Garage

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Mr. Grayson Stull

14. MOTHER'S MAIDEN NAME: Annie Staley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: 579-40-5548

17. INFORMANT AND ADDRESS: Mrs Norma Stull Lewistown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension

(c) Diabetes Mellitus -

260 X 61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coma

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-14, 1950., to 9-18, 1950., that I last saw the deceased alive on 9-19, 1950, and that death occurred at 2:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. A. Pearre, M.D. — ADDRESS: Frederick Md. — DATE SIGNED: 9-18-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Sept. 20-1950 — NAME OF CEMETERY OR CREMATORY: Rotiea Cem. — LOCATION (City, town, or county): Rotiea — (State): Md

DATE REC'D BY LOCAL REG.: Sept. 19, 1950 — REGISTRAR'S SIGNATURE: Frank R. Smith, Jr. Deputy Local

24. FUNERAL DIRECTOR: M. L. Creegan Sons — ADDRESS: Thurmont

33284

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SEP 20 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09269

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

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MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Buckeystown | LENGTH OF STAY (in this place) About 2 mths.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Buck Lodge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	MAE	SHANKLE	WADE		September	20	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	May 13, 1909	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry D. Shankle	Ossie Ponton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		None	Mr. Harry Shankle, Buckeystown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) lymphoma, metastatic	3 yrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

202.1

552

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 6/23, 1950, to 9/20, 1950, that I last saw the deceased alive on 9/19, 1950, and that death occurred at 2:35 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James B. Thomas, M.D.		Frederick, Md.	9/21/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 22, 1950	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
22 Sept. 1950	Frank R. Smith, Jr.	C. E. Cline & Son,	Frederick, Maryland

DEPUTY LOCAL REGISTRAR

RECEIVED
SEP 23 1950
BUREAU T. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

09270

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 414 W. Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 414 W. Potomac St.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Elizabeth (Last) Wiseman
4. DATE OF DEATH (Month) 9 (Day) 29 (Year) 1950
5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH 1-28-1882
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Youngstown, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME James Bowers
14. MOTHER'S MAIDEN NAME Fannie Steele
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Joseph Wiseman Brunswick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart failure — INTERVAL BETWEEN ONSET AND DEATH 8 months

445x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to Sept 29, 1950, that I last saw the deceased alive on Sept 29, 1950, and that death occurred at 1:40 A.m., from the causes and on the date stated above.

SIGNATURE William W. Orrison (Degree or title) M.D. ADDRESS Brunswick Maryland DATE SIGNED Sept. 30 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-1-50
NAME OF CEMETERY OR CREMATORY Knoxville Cemetery
LOCATION (City, town, or county) Knoxville, Md. (State)
DATE REC'D BY LOCAL REG. 9-30-50
REGISTRAR'S SIGNATURE Eugenia W. Burke
24. FUNERAL DIRECTOR Gladhill Co. ADDRESS Middletown, Md.

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SEP 30 1930
BUREAU U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09271

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick, Maryland
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Brunswick Maryland
STREET ADDRESS (If rural, give location) 519 "B" Street

3. NAME OF DECEASED (Type or Print) (First) Alberta (Middle) (Last) Wyndham

4. DATE OF DEATH (Month) September (Day) 13 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3-10-70
9. AGE last birthday 80 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME Mr. Abraham Shillingburg
14. MOTHER'S MAIDEN NAME Catherine Virts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

420.0

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-4, 1950, to 9-13, 1950, that I last saw the deceased alive on 9-12, 1950, and that death occurred at 5:20 A.m., from the causes and on the date stated above.

SIGNATURE A. A. Pearre (Degree or title) M.D. ADDRESS Frederick Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial ~~[illegible]~~
DATE 9/15/50
NAME OF CEMETERY OR CREMATORY Riverview
LOCATION (City, town, or county) Strasburg, Virginia (State)

DATE REC'D BY LOCAL REG. 13 Sept 1950
REGISTRAR'S SIGNATURE Elizabeth G. Hecks
24. FUNERAL DIRECTOR M. R. Etchison & Son ADDRESS Frederick, Md

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SEP 15 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09272

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Frederick
MARYLAND
LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkittsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	John	Samuel	Zecher		9	1	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	white	widowed	1-18-1871	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm owner	Burkittsville, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dawson Zecher	Amanda Dutrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Lee Zecher, Burkittsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180X **Immediate cause** (a) Probable Carcinoma of left kidney

Antecedent cause(s)

52a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from April, 1950, to Sept 1, 1950, that I last saw the deceased alive on Aug 31, 1950, and that death occurred at 7:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. E. Harp. MD	Middletown	8-2-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-4-1950	Union Cemetery	Burkittsville, Md.

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-Sept 1950	Elizabeth G. Hoke	Gladhill Co.	Middletown, Md.

O-30VV

RECEIVED
SEP 6 1950
BUREAU W. B

MARYLAND STATE DEPARTMENT OF HEALTH

09273

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREDERICK
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge Rural
STREET ADDRESS (If rural, give location) McKinstrys Mill ✓

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) RINEHART (Last) ZUMBRUN

4. DATE OF DEATH (Month) Sept (Day) 18 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov 8 - 1881
9. AGE last birthday 68 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owned & Operated Mill
10b. KIND OF BUSINESS OR INDUSTRY Feed & Grain
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Willis R Zumbrun
14. MOTHER'S MAIDEN NAME Mary Rinehart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mildred Zumbrun, Union Bridge Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemaplagia - Right side

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 31, 1950, to Sept. 18, 1950, that I last saw the deceased alive on Sept. 18, 1950, and that death occurred at 11:20 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. A. Pearre, M.D. ADDRESS Frederick Md DATE SIGNED 9-18-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept 21 - 1950
NAME OF CEMETERY OR CREMATORY Pipe Creek Cemetery
LOCATION (City, town, or county) Uniontown Road (State) Md

DATE REC'D BY LOCAL REG. 9-20-1950
REGISTRAR'S SIGNATURE Frank R. Smith, Jr.
24. FUNERAL DIRECTOR D D Hartzler & Sons ADDRESS New Windsor & Union Bridge, Md

DEPUTY LOCAL REGISTRAR

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 29 1950
BUREAU OF S